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United Nations Population Fund

Country programme document for Honduras

Proposed indicative UNFPA assistance:	$19.9 million: $5.5 million from regular resources and $14.4 million through co-financing modalities and/or other resources, including regular resources
Programme period:	Five years (2017-2021)
Cycle of assistance:	Eighth
Category per decision 2013/31:	Orange

Proposed indicative assistance (in millions of $):

Strategic plan outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	0.5	5.5	6.0
Outcome 2	Adolescents and youth	0.5	5.4	5.9
Outcome 3	Gender equality and women's empowerment	1.7	2.0	3.7
Outcome 4	Population dynamics	2.0	1.5	3.5
Programme coordination and assistance		0.8		0.8
Total		5.5	14.4	19.9

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I. Situation analysis

1. Honduras has an estimated population of 8.5 million, 8.6 per cent of which are indigenous and Afro-descendants. Adolescents and young people (aged 10-24 years) account for 29.8 per cent of the population, while people over 65 represent 7 per cent. The large youth population presents the onset of a 'demographic dividend': an opportunity over the next 30 years to harness the benefits of a growing number of working-age population to advance development. In Honduras, the demographic dividend is expected to reach its peak in 2045.

2. Despite sustained economic growth over the last decade, Honduras is one of the poorest and most unequal countries in the region. More than two thirds of households live below the poverty line; almost 40 per cent live in extreme poverty. Inequality, as measured by the Gini coefficient, has stagnated over the past two decades at above 0.5, one of the highest ratios in Latin America. The wealthiest 20 per cent command almost two thirds of income; the poorest 20 per cent only 2.7 per cent. Poverty is four times higher in rural areas than in urban settings; the greatest inequalities occur in Afro-descendant and indigenous communities.

3. The Government has taken ownership of 2030 Agenda for Sustainable Development, aligning its strategic plan to the Sustainable Development Goals (SDGs). The strategic plan – linked to the Country Vision, 2010-2038, and the National Plan, 2010-2022 – aims to reduce inequalities and promote human development. Several related policy initiatives help to strengthen the legal framework for improved access to health services: (a) the Multisectoral Plan for the Prevention of Adolescent Pregnancy; (b) the Law of Social Protection System; (c) a Master Plan for Health Commodities; and (d) a methodological strategy for family planning.

4. Sexual and reproductive health indicators have improved over the last decade. From 2006 to 2012, the fertility rate fell from 3.3 to 2.9 children per woman. The contraceptive prevalence rate increased from 56 per cent to 64 per cent over the same time period, while the maternal mortality ratio decreased from 108 to 73 maternal deaths per 100,000 live births between 1997 and 2010. Nevertheless, national averages conceal marked disparities. The fertility rate among the poorest quintile is double that of the richest quintile; among indigenous women, it is 23 per cent higher than the national average, and 35 per cent higher in rural communities than in urban areas. Availability and access to health commodities are a concern: 71.4 per cent of health units experienced stock-outs of at least one contraceptive method in 2014, an increase from 48.3 per cent in 2013. Between 2013 and 2014, the availability of the seven priority life-saving reproductive health drugs at health units fell from 78.2 per cent to 63 per cent.

5. Adolescents and young people face interrelated challenges. The adolescent fertility rate is 101 births per 1,000 women aged 15-19 years, the second highest in the region. Between 2006 and 2012, the percentage of adolescents who have ever been pregnant increased from 22 per cent to 24 per cent. Insufficient coverage; poor quality of youth-friendly services; limited availability and access to contraceptive services and supplies; and uneven sexuality education knowledge are contributing factors. Adolescent unmet need for contraception is, at 18 per cent, seven points above the national average among women. Only 29.2 per cent of women and 32.6 per cent of men aged 15-19 have comprehensive HIV knowledge. The net enrolment rate in secondary school continues to be low (48.6 per cent). The youth unemployment rate (7.1 per cent) is twice the national average. Honduras ranks among the three most violent countries in the world, with a homicide rate of 68 deaths per 100,000 inhabitants in 2014. Youth and adolescents are disproportionately affected by the high levels of crime and violence; 30 per cent of homicide victims are young people (aged 15-24 years). Lack of opportunities, extreme poverty and violence are drivers of youth migration.

6. Gender-based violence, including sexual violence and femicide, continues to be a concern. The percentage of women older than 15 years who have been victims of

physical violence at least once in their lifetime increased from 15 per cent to 27 per cent between 2006 and 2012. The number of femicides grew from 175 in 2005 to 636 in 2013. Female migrants, particularly girls, are at a greater risk of sexual abuse and violence.

7. Despite an increase in the generation of statistical information on sociodemographic variables, more robust data gathering, analysis and dissemination are needed to address the persistent disparities. Deficiencies in information availability and data analysis are a concern, particularly on sexual violence and the sexual and reproductive health of adolescents and youth. A strengthened system in managing information and coordinating data production units is needed to bridge the gap between generation of data and formulation of evidence-based policy, particularly in preparation for the Demographic and Health Survey, 2017.

8. Honduras is highly vulnerable to natural disasters, particularly hurricanes, floods and drought. Following the severe drought of 2014 and 2015, 1.3 million people (15 per cent of the population) now face food insecurity.

II. Past cooperation and lessons learned

9. The final evaluation of the country programme (2012-2016), highlighted substantial achievements: (a) significant contributions to the development of public policies and programmes in International Conference on Population and Development (ICPD)-related areas, such as the Multisectoral Plan for the Prevention of Adolescent Pregnancy and the Master Plan for Health Commodities; (b) strengthened national capacities in UNFPA-mandate areas, through the creation of the National Population Council; and (c) greater visibility of ICPD-related issues in the national agenda through extensive advocacy and communication efforts.

10. Lessons learned indicate that: (a) multisectoral partnerships at the highest political level strategically support positioning of ICPD issues in the national agenda; (b) flexible and specialized technical expertise is critical to leverage capacity development and policy advice; (c) enhanced cooperation with other United Nations organizations contributes to greater impact; (d) aligning human and financial resources to country programme objectives is essential; (e) effective monitoring systems require agreement with the Government on data sources and institutional mechanisms for data collection and use.

III. Proposed programme

11. The proposed country programme, 2017-2021, is aligned with the Country Vision, 2010-2038; the National Plan, 2010-2022; the United Nations Development Assistance Framework (UNDAF), 2017-2021; the 2030 Agenda for Sustainable Development; and the ICPD Programme of Action. Incorporating findings and lessons learned from the previous cycle, the programme was developed in close consultation with the Government, civil society, bilateral and multilateral development partners, including United Nations organizations.

12. In line with the 2030 Agenda, the programme will support: (a) government efforts to combat inequalities; (b) foster peaceful and inclusive societies, free from fear and violence; (c) protect human rights; and (d) promote gender equality and the empowerment of women and girls. By adopting a comprehensive approach, UNFPA will support universal access to sexual and reproductive health services; address adolescent pregnancy and reduction of maternal and neonatal mortality; and contribute to prevention of gender-based violence. It will focus on the needs of the most excluded and marginalized populations, including poor rural women and girls, and Afro-descendants and indigenous peoples, with special emphasis on adolescents and youth. UNFPA will employ three overarching strategies: advocacy and policy dialogue; knowledge management; and capacity development. It will enhance evidence-based policy formulation and implementation by fostering capacity development of rights holders and duty bearers.

A. Outcome 1: Sexual and reproductive health

13. Output 1: Strengthened national capacity to improve access to high-quality family planning services that meet human rights standards, particularly for adolescents and young people, including in humanitarian settings. The programme will contribute to reducing gaps in access to contraceptives and life-saving maternal health drugs and strengthen national capacities on integrated family planning in support of maternal health and HIV services. It will: (a) provide policy advice to the Ministry of Health for the formulation and adoption of human rights-based and culturally sensitive sexual and reproductive health policies and protocols; (b) enhance the capacities of the Ministry of Health to implement the Master Plan for Health Commodities, strengthen the supply chain, update the national essential drugs list and enhance logistics and information systems to forecast and monitor availability; (c) promote advocacy at national and subnational levels to ensure timely and uninterrupted provision of sexual and reproductive health services, family planning, and life-saving maternal health drugs; (d) enhance health providers' knowledge and competencies on family planning, promoting comprehensive health-care models for adolescents and young people; (e) establish youth-friendly services in schools to increase access to integrated sexual and reproductive health services for young people; (f) provide technical assistance to the Social Security Institute to strengthen its family planning programme; and (g) build the capacity of the Ministry of Health to implement the Minimum Initial Service Package for reproductive health in humanitarian situations.

B. Outcome 2: Adolescents and youth

14. Output 1: Increased capacity of government institutions and young people to advocate for the incorporation of the human rights and needs of adolescents and youth, including sexual and reproductive health and comprehensive sexuality education, into national laws, policies, and programmes. The programme will approach youth issues through comprehensive, multisectoral approaches that incorporate health, education, gender, violence and lack of opportunities affecting adolescents and youth, their families and communities. It will: (a) promote evidence-based policy dialogue, advocacy and strategic alliances to develop legal frameworks on sexual and reproductive rights for adolescents and young people, particularly for the prevention of adolescent pregnancies; (b) promote inclusive platforms for adolescent and youth participation in planning, implementing and monitoring public policies and programmes related to their comprehensive development, including sexual and reproductive health; (c) enhance capacities at national and local levels to implement comprehensive sexuality education in formal and non-formal spheres, through customized curricula for schools and community settings; (d) engage local authorities, parents and community leaders in social dialogue on sexual and reproductive health and rights; (e) provide technical support to local governments for the design and implementation of programmes on violence prevention to establish a culture of peace for adolescents and youth, fostering entrepreneurship, employment and life skills.

C. Outcome 3: Gender equality and women's empowerment

15. Output 1: Strengthened capacity of government institutions and civil society to advance reproductive rights and address gender-based violence, with an emphasis on sexual violence against young girls and adolescents, including in humanitarian settings. Building on the National Plan against Violence towards Women 2012-2022 and the government programme '*Ciudad Mujer*', UNFPA will promote implementation of a comprehensive care model for survivors of gender-based violence, through inter-institutional coordination at national and local levels. It will: (a) facilitate the development, implementation and monitoring of national policies and protocols for prevention and prosecution of gender-based violence, including sexual violence, and care for those affected; (b) support the creation of an integrated information system to monitor the response to violence against women, especially sexual violence; (c) strengthen capacities of civil society to advocate for sexual and reproductive rights, perform social oversight and participate actively in the multisectoral response to

prevent gender-based violence; (d) advance communication campaigns on sexual and reproductive rights and gender issues, including non-violent masculinities; (e) generate knowledge and evidence related to sexual violence against young girls and adolescents, its determinants and linkages to adolescent pregnancy; and (f) facilitate implementation of gender-sensitive budgets of local governments.

D. Outcome 4: Population dynamics

16. Output 1: Strengthened national capacity to generate, analyse, use and disseminate high-quality, disaggregated data on population and development issues to guide evidence-based policies on sociodemographic inequalities, including in humanitarian settings. Through the National Population Council as a multisectoral platform, the programme will strengthen coordination to bridge generated evidence and policies and increase ownership of the ICPD Programme of Action. UNFPA will: (a) provide technical assistance to the demographic observatory of the National Autonomous University of Honduras to design, finance and conduct evidence-based research for policy formulation, develop information systems and synergies with government institutions and civil society; (b) provide technical assistance to the National Population Council on the implementation of the National Population Policy; (c) assist the national statistical system to develop and introduce data collection and analysis tools at national and local levels to monitor the SDGs; (d) improve vital registration systems at national and local levels; (e) promote advocacy and capacity-building within the national risk management system for utilization of standardized, sociodemographic data collection tools in humanitarian situations; and (f) promote the use of demographic data to assess the economic impact of population dynamics.

IV. Programme management, monitoring and evaluation

17. UNFPA and the Government, through the Ministry of Foreign Affairs and International Cooperation, will manage and monitor the programme, following UNFPA policies and procedures, using results-based management and accountability frameworks. National execution through implementing partners is the preferred implementation arrangement.

18. UNFPA will apply the United Nations standard operating procedures and implement the harmonized approach to cash transfers. Where feasible, UNFPA will develop joint programmes and activities – with UNOPS and WHO/PAHO on commodity security, UNICEF on addressing adolescent pregnancy and eliminating child marriage, UN-Women on gender-sensitive budgets, IOM and UNHCR on migration, UNAIDS on HIV prevention, and OCHA on humanitarian affairs.

19. UNFPA will continue to implement a resource mobilization strategy; it will leverage strategic multisectoral partnerships with Government, civil society organizations and academia to mobilize support, and also engage the private sector and donors to achieve intended results.

20. The country office will comprise the resident Representative, an assistant representative, an operations manager and programme and administrative staff. It will seek technical support, including South-South cooperation, from the Regional Office for Latin America and the Caribbean and UNFPA headquarters.

21. In case of emergency, UNFPA may, in consultation with the Government, reprogramme activities, especially life-saving measures, to respond to humanitarian situations.

RESULTS AND RESOURCES FRAMEWORK FOR HONDURAS (2017-2021)

National priority: Honduras without extreme poverty, educated and healthy, with consolidated systems of social protection **UNDAF outcome**: Vulnerable populations from priority municipalities have access to comprehensive and quality health services, from the viewpoint of health determinants **Indicator**: Percentage of women (aged 15 to 49 years) with satisfied demand for family planning with modern methods. *Baseline: 76; Target: 80*				
UNFPA strategic plan outcome	**Country programme outputs**	**Output indicators, baselines and targets**	**Partners**	**Indicative resources**
Outcome 1: Sexual and reproductive health Increased availability and use of integrated sexual and reproductive health services, including family planning, maternal health and HIV, that are gender-responsive and meet human rights standards for quality of care and equity in access Outcome indicators: • Contraceptive prevalence rate *Baseline: 73%; Target: 80%* • Proportion of demand for contraception satisfied *Baseline: 89%; Target: 92%* • Percentage of service delivery points that have no stock-out of contraceptives in the last six months *Baseline: 15.7%; Target: 90%*	Output 1: Strengthened national capacity to improve access to high-quality family planning services that meet human rights standards, particularly for adolescents and young people, including in humanitarian settings	• Functional logistics management information system of the Master Plan of Health Commodities implemented for enhanced forecasting and monitoring of reproductive health supplies, including life-saving maternal health drugs *Baseline: No; Target: Yes* • Number of healthcare providers trained on family planning protocols with a human rights-based, age-appropriate and culturally sensitive approach *Baseline: 545; Target:1,145* • Number of institutions that have the capacity in place to implement the Minimum Initial Service Package at the onset of a crisis *Baseline: 0; Target: 2* • Number of school-based youth-friendly services that deliver integrated sexual and reproductive health services *Baseline: 6; Target: 20*	Ministries of: Health; Education; Social Security Institute; civil society organizations	$6.0 million ($0.5 million from regular resources and $5.5 million from other resources)
National priority: Honduras without extreme poverty, educated and healthy, with consolidated systems of social protection **UNDAF outcomes**: Vulnerable and adolescents in the priority municipalities have access to inclusive and quality education, in the pre-basic, basic and secondary levels; Vulnerable populations from priority municipalities have access to comprehensive and quality health services, from the viewpoint of health determinants **Indicator**: Percentage of adolescent pregnancy. *Baseline: 24; Target: 22*				
Outcome 2: Adolescents and youth Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health Outcome indicator: • Percentage of young women and men *(15-19 years)* who correctly *identify* ways of preventing sexual transmission of HIV and *reject* major misconceptions about HIV transmission *Identify: Baseline(female/male): 62.4/77.4; Target*: 70/85 *Reject: Baseline (female/male): 40.9/32.6; Target: 50/40*	Output 1: Increased capacity of government institutions and young people to advocate for the incorporation of the human rights and needs of adolescents and youth, including sexual and reproductive health and comprehensive sexuality education, into national laws, policies, and programmes	• Number of participatory platforms that advocate for increased investments in marginalized adolescents and youth, within development and health policies and programmes *Baseline: 0; Target:1* • Number of formal and non-formal institutions that implement specialized and customized curricula on comprehensive sexuality education developed by UNFPA *Baseline (formal institutions): 1; Target: 2* *Baseline (non-formal institutions): 1; Target:2*	Ministries of: Development and Social Inclusion; Health; Education; Directorates for: Youth; Childhood, Adolescence and Family; National Commissioner for Human Rights; Social Security Institute; National Vocational Training Institute; municipalities; civil society organizations	$5.9 million ($0.5 million from regular resources and $5.4 million from other resources)

National priority: A Honduras that develops in democracy, safely and without violence **UNDAF outcome:** The Honduran population, particularly the vulnerable population in municipalities with high incidence of violence and crime, improve their public safety and access to justice, with presence and coordination between state institutions and broad citizen participation **Indicator**: Homicide rate, disaggregated by sex and age. *Baseline: 79 per 100,000; Target: 40 per 100,000*				
Outcome 3: Gender equality and women's empowerment Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth Outcome indicator: • A national gender equality action plan that integrates reproductive rights with specific targets and national public budget allocations *Baseline: 1; Target: 1*	Output 1: Strengthened capacity of government institutions and civil society to advance reproductive rights and address gender-based violence, with an emphasis on sexual violence against young girls and adolescents, including in humanitarian settings	• Number of norms and protocols prepared or harmonized to respond to violence against women *Baseline: 1; Target: 3* • Number of civil society organizations supported by UNFPA that advocate for and implement a social monitoring mechanism on sexual and reproductive rights *Baseline: 6; Target:* 9 • Integrated information system for monitoring violence against women, especially sexual violence, developed with UNFPA support Baseline: No; Target: Yes	Ministries of Health; Education; Security; Institute for Women; National Commissioner for Human Rights; Attorney General; the judiciary; municipalities; and civil society organizations	$3.7 million ($1.7 million from regular resources and $2.0 million from other resources)
National priority: Achieve a modern, transparent, accountable, efficient and competitive state **UNDAF outcome**: The vulnerable population in priority municipalities has improved the exercise of their civil and political rights, with institutions more effective, inclusive and transparent, and broad and effective citizen participation **Indicator**: Percentage of compliance with the recommendations of the universal system of the United Nations and the Inter-American system				
Outcome 4: Population dynamics Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality Outcome indicator: • Collected, analysed and disseminated a household survey that allows for the estimation of key population and reproductive health indicators *Baseline: 1; Target: 1*	Output 1: Strengthened national capacity to generate, analyse, use and disseminate high-quality, disaggregated data on population and development issues to guide evidence-based policies on sociodemographic inequalities, including in humanitarian settings	• Number of national institutions using data and evidence from the population situation analysis *Baseline: 0; Target: 7* • Number of databases with population-related data accessible by users through web-based platforms that facilitate mapping of socio-demographic disparities *Baseline: 0; Target: 1* • National Population Policy approved and updated with UNFPA support *Baseline: No; Target: Yes*	Ministry of Human Rights, Justice, Interior and Decentralization; National Institute of Statistics; Association of Municipalities; Permanent Commission of Contingencies; National Autonomous University of Honduras; Secretariat of Government General Coordination; academia	$3.5 million ($2.0 million from regular resources and $1.5 million from other resources) Total for programme coordination and assistance: $0.8 million from regular resources